									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD G G G G G G G G G G G G G														
Effective October 1, 1997 9/1993/3														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY			
FOR	- X		NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE					The second secon			395.00		OR		790.00		
TOTAL CLAIMS				. 3 minus 20 =		*			x\$11=		OR	x\$22=		
INDEPENDENT CLAIMS			3 minus 3 =			*			x41=		OR	x82=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						Į!	TOTAL			TOTAL	790			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
A Th		CL/ REM/ AF	AIMS AINING TER DMENT		HI NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*)	DIVIENT	Minus	**	20	= 1		x\$11=	153 10	OR	x\$22=		
	Independent	* /	}	Minus	***	3			30	(J), U	OR	¥82=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	:	OR	+270=		
. (Column 1) (Column 2) (Column 3)							- <u>Ц</u>	TOT/ DDIT. FE		OR	TOTAL ADDIT. FEE			
AMENDMENT B		CL/ REM/ AF	AIMS AINING TER DMENT		HI NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 4	5	Minus	**	37	= 8		x\$1⁄7=	=	OR	x\$22=		
	Independent	*	4	Minus	***	5	=		x41=		OR	x82=		
&	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135	=	OR	+270=		
(Column 1) (Column 2) (Column 3)							, 	TOTAL ADDIT. FEE			OR ADDIT. FEE			
MA		REM.	AIMS AINING TER IDMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* <	43	Minus	**	45	<u></u>		x\$11:	=	OR	x\$22=		
	Independent	* .	7	Minus	***	4	=		x41=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135	l	OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR										TOTAL ADDIT. FEE				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 8/97) *U.S. Government Printing Office: 1997 - 430-571/69194 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE										E COMMERCI				

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/1443/3

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	==	Total
	Sm/Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101					790	=	
Total Claims >20	203/103	3 -20=		x			=	
Independent Claims >3	202/102	3 -3=		x			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105					130	=	
English Translation	139							
TOTAL FEE CALCULA Fees due upon filing to	•						,	920
Total Filing Fees Due	= \$	920						
Less Filing Fees Subm	nitted - \$	Ą						
BALANCE DUE	=\$	920)					
Office of Initial Patent	Examination				·			